

|   |  |   |
|---|--|---|
| <b><i>Index of Claims</i></b><br><br><b>*1058438</b><br><br><b>8*</b> | <b>Application/Control No.</b><br><br>10584388 | <b>Applicant(s)/Patent Under Reexamination</b><br><br>MORGAN, JOANNE LYNSEY |
|   | <b>Examiner</b><br><br>Gloria Hale             | <b>Art Unit</b><br><br>3765   |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |            |            |            | <input type="checkbox"/> CPA |  |  |  |  | <input type="checkbox"/> T.D. |  |  |  |  | <input type="checkbox"/> R.1.47 |  |  |  |  |
|--|----------|------------|------------|------------|------------------------------|--|--|--|--|-------------------------------|--|--|--|--|---------------------------------|--|--|--|--|
| CLAIM  |          | DATE       |            |            |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
| Final  | Original | 02/13/2010 | 08/02/2010 | 12/14/2010 |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 1        | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 2        | -          | -          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 3        | -          | -          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 4        | -          | -          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 5        | -          | -          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 6        | -          | -          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 7        | -          | -          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 8        | -          | -          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 9        | -          | -          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 10       | -          | -          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 11       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 12       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 13       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 14       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 15       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 16       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 17       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 18       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 19       | ÷          | ✓          | ✓          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 20       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 21       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 22       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 23       | -          | -          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 24       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 25       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 26       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 27       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 28       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 29       | ÷          | N          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 30       | ÷          | ✓          | ✓          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 31       | ÷          | ✓          | -          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 32       | ÷          | ✓          | ✓          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |
|  | 33       | ÷          | ✓          | ✓          |                              |  |  |  |  |                               |  |  |  |  |                                 |  |  |  |  |

|   |  |   |
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| <b><i>Index of Claims</i></b><br><br><b>*1058438</b><br><br><b>8*</b> | <b>Application/Control No.</b><br><br>10584388 | <b>Applicant(s)/Patent Under Reexamination</b><br><br>MORGAN, JOANNE LYNSEY |
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|          |                 |
|----------|-----------------|
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| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> |          |            |            |            | <input type="checkbox"/> <b>CPA</b> |  |  |  |  | <input type="checkbox"/> <b>T.D.</b> |  |  |  |  | <input type="checkbox"/> <b>R.1.47</b> |  |  |  |  |
|---|----------|------------|------------|------------|-------------------------------------|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|
| CLAIM   |          | DATE       |            |            |                                     |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| Final   | Original | 02/13/2010 | 08/02/2010 | 12/14/2010 |                                     |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
|   | 34       | ÷          | ✓          | ✓          |                                     |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
|   | 35       | ÷          | ✓          | ✓          |                                     |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
|   | 36       | ÷          | ✓          | ✓          |                                     |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
|   | 37       | ÷          | ✓          | ✓          |                                     |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |